#### **APPLICATION DATA SHEET**

### Electronic Version v14

# Stylesheet Version v14.0

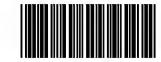
**Title of Invention** 

ACTIVE NIGHT VISION CONTROL SYSTEM

Application Type: regular, utility
Attorney Docket Number: FLD 0109 PUS

Correspondence address:

Customer Number: 36014



**Inventors Information:** 

Inventor 1:

Applicant Authority Type: Inventor

Citizenship: US

Given Name: Jeffrey

Middle Name: T.

Family Name: Remillard

Residence:

City of Residence: Ypsilanti

State of Residence: MI
Country of Residence: US

Address-1 of Mailing Address: 5949 Cottonwood

**Address-2 of Mailing Address:** 

City of Mailing Address: Ypsilanti

State of Mailing Address: MI
Postal Code of Mailing Address: 48197
Country of Mailing Address: US

Phone:

Fax:

E-mail:

Inventor 2:

Applicant Authority Type: Inventor US

Given Name: Michaell

Middle Name: A.

Family Name:	Marinelli

Residence:

City of Residence: Northville

State of Residence: MI
Country of Residence: US

Address-1 of Mailing Address: 19356 Northridge Drive, Apt. H

**Address-2 of Mailing Address:** 

City of Mailing Address: Northville

State of Mailing Address: MI
Postal Code of Mailing Address: 48167

Country of Mailing Address: US

Phone: Fax: E-mail:

## Attorney Information:

Name	Registration Number
Jeffrey J. Chapp	50,579

Publication Information:

Suggested Figure for Publication - Figure 1

Suggested Classification -Suggested Technology Center -Total Number of Drawing Sheets -

### Assignee 1:

Organization Name: Ford Motor Company

Address-1 of Mailing Address: American Road

**Address-2 of Mailing Address:** 

City of Mailing Address: Dearborn

State of Mailing Address: MI

Postal Code of Mailing Address: 48126

Country of Mailing Address: US

Phone:

Fax:

E-mail:

Assignee 2:

Organization Name: Lear Corporation

Address-1 of Mailing Address: 21557 Telegraph Road

**Address-2 of Mailing Address:** 

City of Mailing Address: Southfield

State of Mailing Address: MI

Postal Code of Mailing Address:	48034	
Country of Mailing Address:	US	
Phone:		
Fax:		
E-mail:		